

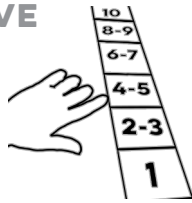


PATIENT TREATMENT RECORD PAEDIATRIC

PATIENT NAME:

START DATE:

SUBJECTIVE



OBJECTIVE ANALYSIS



Spinal cord injury?



Spastic quadriplegia?



Dyskinetic?



Neuro-muscular?



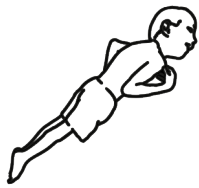
Spastic diplegia?



Ataxia?



Poliomyelitis?



Low tone CP?



Spinal tumour?



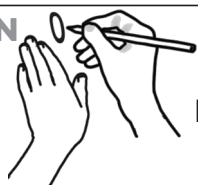
Erbs Palsy?



Hemiplegia?

TREATMENT

PLAN



Repeat assessment on next visit

DISCHARGE DATE:

OUTCOME: